



☐ Duplicate

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000,
provides for continued examination of an utility or plant application
filed on or after June 8, 1995.
See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/623,592
Filing Date*	July 22, 2003
First Named Inventor	CHOU
Group Art Unit	3726
Examiner Name	R.K. Chang
Attorney Docket No.	BHT/3226-39

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☐ a. The Amendment/Reply filed on
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The Brief/Reply Brief filed on (date):
- ☐ d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.
- ☒ 2. A THIRD- month Petition for Extension of Time (first and second month extension previously paid) is filed herewith.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.
- ☒ 4. Authorization is hereby given to charge Deposit Account No. 501874 in the amount of \$1360 to cover the Large Entity Filing Fee (\$790) and the Large Entity Extension Fee (\$570). A duplicate of this form is enclosed herewith.
- ☐ 5. This Request is transmitted by facsimile to number (703) _____.
- ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$790.00	
Total Claims:	6	-	20	(highest number previously paid for) =	0.00	X \$18 =	0	
Independent Claims:	1	-	3	(highest number previously paid for) =	0.00	X \$86 =	0	
Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041 CUSTOMER NUMBER: 40144						Multiple Dependent Claim (add \$280.00):	0	
						Subtotal:		\$790.00
						50% Reduction if Small Entity Status: 01 FC:1801 790.00 IA		
Phone: 703-575-2711 Fax: 703-575-2707						Total:	\$790.00	
Date:		Name:		Signature:		Reg. No.		
May 30, 2006		Bruce H. Troxell				26,592		

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